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PTO/SB/05 (2/98)

12/29/00

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3966 U.S. 10

UTILITY PATENT APPLICATION TRANSMITTAL

Attorney Docket No. LUD-5543.3 CONT.
First Inventor or Application Identifier L. DUMOUTIER, et al.
Title ISOLATED NUCLEIC ACID MOLECULES WHICH ENCODE T CELL INDUCIBLE FACTORS...
Express Mail Label No. EL642112066US

APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents.

1. ☒ *Fee Transmittal Form (e.g., PTO/SB/17)
(Submit an original and a duplicate for fee processing)
2. ☒ Specification (preferred arrangement set forth below) Total Pages 43
 - Descriptive title of the invention
 - Cross References to Related Applications
 - Reference of Microfiche Appendix
 - Background of the invention
 - Brief Summary of the invention
 - Brief Description of the Drawings (if filed)
 - Detailed Description
 - Claim(s)
 - Abstract of the Disclosure
3. ☒ Drawing(s) (35 U.S.C. 113) Total Sheets 1
4. ☒ Oath or Declaration Total Pages 3
 - a. ☐ Newly executed (original or copy)
 - b. ☒ Copy from a prior application (37 C.F.R. § 1.63(d))
(for continuation/divisional with Box 17 completed)
 - i. ☐ **DELETION OF INVENTOR(S)**
Signed statement attached deleting inventor(s)
named in the prior application, see 37 C.F.R. §§
1.63(d)(2) and 1.33 (b)
5. ☒ Incorporation By Reference (useable if Box 4b is checked)
The entire disclosure of the prior application, from which a copy of the oath or
declaration is supplied under Box 4b, is considered to be a part of the
disclosure of the accompanying application and is hereby incorporated by
reference therein.

ADDRESS TO: Assistant Commissioner for Patents
Box Patent Application
Washington, DC 20231

6. ☐ Microfiche Computer Program (Appendix)
7. Nucleotide and/or Amino Acid Sequence Submission
(if applicable, all necessary)
 - a. ☐ Computer Readable Copy
 - b. ☒ Paper Copy (identical to computer copy)
 - c. ☒ Statement verifying identity of above copies

ACCOMPANYING APPLICATION PARTS

8. ☐ Assignment Papers (cover sheet & document(s))
9. ☐ 37 C.F.R. § 3.73(b) Statement ☒ Power of Attorney
(when there is an assignee)
10. ☐ English Translation Document (if applicable)
11. ☐ Information Disclosure Statement ☐ Copies of IDS Citations
(IDS)/PTO-1449
12. ☒ Preliminary Amendment
13. ☒ Return Receipt Postcard (MPEP 503)
(Should be specifically itemized)
14. ☐ *Small Entity Statement(s) ☒ Statement filed in prior
(PTO/SB/09-12) application, Status is proper and
desired
15. ☐ Certified Copy of Priority Document(s)
16. ☒ Other: Check For Filing Fee

*** NOTE FOR ITEMS 1 & 14: IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY
FEES, A SMALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. § 1.27), EXCEPT IF
ONE FILED IN A PRIOR APPLICATION IS RELIED UPON (37 C.F.R. § 1.28)**


17. If a **CONTINUING APPLICATION**, check appropriate box, and supply the requisite information below and in a preliminary amendment:

☒ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No: 09/419,568

Prior application information: Examiner: A. Decloux Group / Art Unit: 1644

18. CORRESPONDENCE ADDRESS

☐ Customer Number or bar code label (Insert Customer No. or Attach bar code label here) or ☒ Correspondence address below

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Signature			Date	December 27, 2000

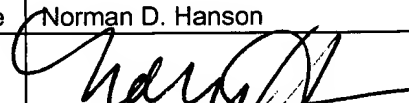
FEE TRANSMITTAL	<i>Complete if Known</i>	
	Application Number	To be assigned
	Filing Date	Herewith
	First Named Inventor	L. DUMOUTIER, et al.
	Group Art Unit	To be assigned
	Examiner Name	To be assigned
	Attorney Docket No.	LUD-5543.3 CONT.

FEE CALCULATION

(1)	(2)	(3)	(4)	(5)
FOR: Small entity	NUMBER FILED	NUMBER EXTRA	RATE	BASIC FEE \$355.00
TOTAL CLAIMS	12-20 =	0	x 9.00/18.00	\$0
INDEPENDENT CLAIMS	1- 3 =	0	x 40.00/80.00	\$0
MULTIPLE DEPENDENT CLAIMS	<input type="checkbox"/>	N/A	\$260/130.00	_____
			TOTAL FEES	\$355.00

METHOD OF PAYMENT

- ☐ Please charge Deposit Account No. 50-0624 in the amount of \$_____
- ☒ A check for \$355.00 is enclosed to cover the cost of the Application filing fee.
- ☒ The Commissioner is hereby authorized to charge any additional fees which may be required in connection with the filing of this communication, or credit any overpayment, to Account No. 50-0624. A duplicate of this sheet is enclosed.

SUBMITTED BY:		<i>Complete (if applicable)</i>
Typed or Printed Name	Norman D. Hanson	Reg. No. 30,946
Signature		Deposit Account No. 50-0624
	Date: December 27, 2000	

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